

MONICA J. LINDEEN Commissioner of Insurance & Securities Office of the State Auditor 840 Helena Ave Helena, Montana 59601 (406) 444-2040

ANNUAL FINANCIAL REPORT FILE ON OR BEFORE APRIL 1ST

POLICE RETIREMENT FUND OR POLICE TRAINING AND PENSION FUND

| | | , Montana | | , 20 |
|-----------------------------|---|--|---|---|
| (City or town) | | | (Date) | |
| | | | | following report of the financial condition ng year ending December 31 , |
| 1. | Does your city/town have an established police retirement system governed by a board of trustees, with the city/town contributing 11% of total salaries in compliance of 19-19-301, MCA? If YES , check here (), and file this annual report pursuant to 19-19-204, MCA. If NO , check here (), and file this annual report pursuant to 7-32-4120, MCA. | | | |
| 2. | | | | for state funding under either of the code of the State Auditor's Office by the |
| | Balance on hand per last rep | ort: | | \$ |
| | Received from Interest on Inv Proceeds from Officers' Cont | n State Auditor's Office n City vestment n local tax levy | \$ | |
| | Total Receipts | | | \$ |
| | Sub-Total | | | \$ |
| | • | g pensions for members ice Department | \$ | - - - |
| | Total Disbursements | | | - \$ |
| | Balance on hand Dec | ember 31, 20 | | \$ |
| I hereb | by certify the above information | is true and correct to th | e best of my knowled | ge. |
| (Signature of Board Member) | | | (Print Name of Board Member and Telephone # | |
| Pleas | e list the name and telepho | one number of a conta | act person. | |
| (4) N | ame: | (5) Title or Position | n: | (6) Phone #: |